	·		Application or Docket Number										
	PATENT	ION RECOF	10/679,609										
CLAIMS AS FILED - PART I (Column 1) (Column 2)						ımn 2)	SMAL TYPE	SMALL ENTITY TYPE				OTHER THAN SMALL ENTITY	
TC	OTAL CLAIMS						RAT	E	FEE	7 /	RATÉ	FEE	
FO)R		NUMBER	NUMBER FILED . NUMB			BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TC	TAL CHARGE	ABLE CLAIMS	minus 20= *			7	X\$ 9			OR	X\$18=	-	
INC	DEPENDENT C	LAIMS	mi	inus 3 =	*	· .	X43	=		OR	X86=		
MU	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT	RESENT				5=		OR	+290=		
* 1f	the difference	in column 1 is	less than ze	s than zero, enter "0" in column 2				٩L	-	OR	TOTAL		
	С	CLAIMS AS A	MENDEC) - PAR	ΤII					J	OTHER		
		(Column 1)	т	(Colum		(Column 3)	SMA	LL I	ENTITY	OR	SMALL		
AMENDMENT A	FILD 7/23/04	REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA	RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	. 28	Minus	** 2	3	= 5'	X\$ 9	_	45	OR	X\$18=		
AME	Independent	* 5	Minus	*** 4	L CLAIM	= /	X43=		43	OR	X86=		
Ш	FIRST PRESE	:NTATION OF IVIC	JLI IPLE DE	2ENDEIN1	CLATIVI		+145	=		OR	+290=		
5039700 TELUNUT 0000000 632093 30079609							TOT ADDIT, F			OR ,	TOTAL ADDIT. FEE		
- 3 <u>3 2 2</u>	100 1000	00 NC (Column 1)		(Colum		(Column 3)				•			
DMENT B	÷	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	*	Minus	**		=	X\$ 9:	=		OR	X\$18=		
AMEN	Independent	*	Minus	***		=	X43=			OR	X86=		
	FIRST PHESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						_		OR	+290=		
							TOT	AL		i L	TOTAL	-	
		(Column 3)	ADDIT. F	EE •	·	μ.	ADDIT. FEE L						
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	·	(Colum HIGHE NUMB PREVIO	EST BER OUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total		Minus	**	01.	=	X\$ 9=	1		OR	X\$18=	<u> </u>	
MEN	Independent	*	Minus	***		=	X43=	-	-	ı	X86=		
٩	FIRST PRESE			\dashv		OR							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								AL		OR	+290=		
** If	*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL ADDIT. FEE		
		nber Previously Paid					ound in the	арр	ropriate box	. in colu	ımn 1.		